24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	
	C C00499020
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cefco	M M / D D / Y Y Y Y
Mailing Address 103 Grants Ferry Rd.	06 23 2014 Amount
City State Zip Code	8.29
Brandon MS 39042	Transaction ID : SE.35744 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	06 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify) ► Runoff
Full Name of Payee Cracker Barrel-MS	Date of Public Distribution/Dissemination
McClare Address	06 23 2014
Mailing Address 410 Riverwind Dr.	Amount
City State Zip Code	18.33
Pearl MS 39208	Transaction ID : SE.35733 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	06 23 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS Senate
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General X Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	26.62
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 4.10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	